


CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Commissioner for Patents
Mail Stop: Amendment
P.O. Box 1450
Alexandria, VA 22313-1451**

on February 8, 2005.


Cory Rose

In re application of: **Mule, et al.**

Art Unit: 2883

U.S. Serial Number: 10/630,411

Confirmation No.: 9009

Filing Date: July 30, 2003

Our Reference Number: 62020-1220

**For: Back-Side-Of-Die, Through-Wafer Guided-Wave Optical Clock Distribution
Networks, Method of Fabrication Thereof, And Uses Thereof**

The following is a list of documents enclosed:

Return Postcard
Amendment Transmittal Letter
Response and Amendment
Information Disclosure Statement
Form PTO 1449
Credit Card Authorization Form in the amount of \$180.00

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

AMENDMENT TRANSMITTAL LETTER (LARGE)

Applicant(s): Mule, et al.

Docket No.

062020-1220Serial No.
10/630,411Filing Date
July 30, 2003Examiner
Ryan A. LepistoConfirmation No.
9009Group Art Unit
2883**Invention: Back-Side-Of-Die, Through-Wafer Guided-Wave Optical Clock Distribution Networks, Method Of Fabrication Thereof, And Uses Thereof****Commissioner for Patents
Mail Stop Amendment
P.O. Box 1450
Alexandria VA 22313-1450**

Transmitted herewith is Response and Amendments in the above-identified application.

The fee has been calculated and is transmitted as shown below

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	28 -	37 =	0	X \$9.00	\$0
INDEP. CLAIMS	9 -	10 =	0	X \$43.00	\$0
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$145.00	\$0
EXTENSION FEE	1 ST MONTH <input type="checkbox"/> \$60.00	2 ND MONTH <input type="checkbox"/> \$225.00	3 RD MONTH <input type="checkbox"/> \$510.00	4 TH MONTH <input type="checkbox"/> \$795.00	\$0
Other Fees:					\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0

- ☒ No additional fee is required.
- ☐ Please charge Deposit Account No. _____ in the amount of _____
- ☐ A check in the amount of _____ to cover the filing fee is enclosed. A duplicate copy of this page is enclosed.
- ☐ A Credit Card Payment Form PTO-2038 is attached in the amount of \$ _____
- ☐ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.


Christopher B. Linder, Reg. No. 47,751**February 8, 2005**
Date